

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Emmanuel Carrion

Write the full name of each plaintiff.

16 cv 9403 (cm)

(Include case number if one has been assigned)

-against-

City of New York

JOHN DOE#1 JOHN DOE#2

OFFICER BARRY ALSO DOC

**AMENDED  
COMPLAINT**  
(Prisoner)

Do you want a jury trial?

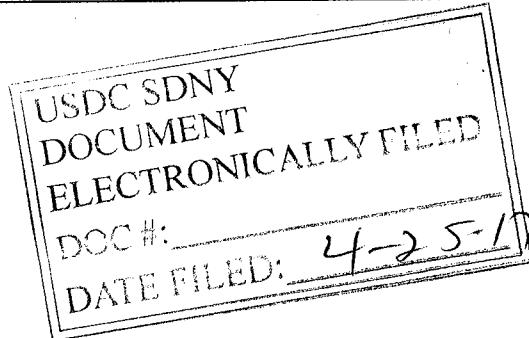
Yes    No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

2017 APR 25 AM 9:36  
RECEIVED  
SDNY DOCKET UNIT

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



### I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

### II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Emmanuel A Carrion  
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers Island Amkc

Current Place of Detention

18-18 Hazen St Elmhurst

Institutional Address

Queens Ny 11370  
County, City State Zip Code

### III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee  
 Convicted and sentenced prisoner  
 Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

John Doe I  
First Name Sargent Last Name Shield #  
Current Job Title (or other identifying information)

Current Work Address Bronx NY 10454  
County, City Bronx State NY Zip Code 10454

Defendant 2:

John Doe II  
First Name Commanding Officer Last Name Shield #  
Current Job Title (or other identifying information)

Current Work Address Bronx NY 10454  
County, City Bronx State NY Zip Code 10454

Defendant 3:

Officer Barry  
First Name Leading FBI OFFICER Last Name Shield #  
Current Job Title (or other identifying information)

Current Work Address Bronx NY 10454  
County, City Bronx State NY Zip Code 10454

Defendant 4:

First Name  Last Name  Shield #   
Current Job Title (or other identifying information)

Current Work Address   
County, City  State  Zip Code 10454

V. STATEMENT OF CLAIM

Place(s) of occurrence: IN the police present Bath Room

Date(s) of occurrence: JUNE 2006

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

IN June of 2006 I was Beat up in the police present Bath Room Because they wanted me to take off my Jewelry and earings I said No why if I am being arrested for A minor why should I take them off they fazed me and beat till I could not move no more, when they took me to Central Book Doc would accept me unless they take me to HOSPITAL, they did

when I get to Doc they keep me in the Ball pens ~~cell~~ for more than 4 days then Denied me to See my lawer DENIED me Medical treatment for my Cancer my lupus and every thing else that was wrong with me, this is what I can remember so far and my statement is true too the best of my knolege and Nothing But the truth.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I Had Black And Blues every where and  
a CACION ALSO A Fracture ~~in my~~ which  
is still fractueL they took me to  
~~lau~~Chon Hospital IN Bronx

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

1.6 million for pain mental anguish  
for violating my rights for all ways  
HARASMENT of to be Released from  
Costedly

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

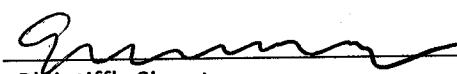
I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

4/19/17

Dated



Plaintiff's Signature

Emmanuel

Middle Initial

Carrion

First Name

Last Name

14-18 Hazen St Elmhurst

Prison Address

Queens

State

11370

County, City

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

4/19/17

Enhanced delivery

24460772

18-18 Hazel St

Bx NY 10470

RECEIVED  
SDNY DOCKET UNIT  
2017 APR 25 AM 9:36

Pro Se

Legal Mail Only  
2017 APR 25 PM 12:42  
FOEVER



Clerk  
United States District Court

Southern District of N.Y.

The Daniel Patrick Moynihan

United States Courthouse  
500 Pearl Street, N.Y. 10007